Caution: DRAFT FORM

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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Form

Department of the Treasury—Internal Revenue Service

8849

(Rev. December 2002)

Claim for Refund of Excise Taxes

OMB No. 1545-1420

Please print in ALL CAPITAL LETTERS. Leave a blank box between words. Name of claimant Employer identification number (EIN)																																			
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Address (number, street, room or suite no.) Social secu														ecur	ity n	umb	er (S	SSN)																	
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Caution: Do not use Form 8849 to make adjustments to liability reported on Forms 720 for prior quarters or to claim any amounts that were or will be claimed on Schedule C (Form 720), Claims, Form 4136, Credit for Federal Tax Paid on Fuels Form 2290, Heavy Highway Vehicle Use Tax Return, or Form 730, Monthly Tax On Wagering.																																			
Schedules Attached																																			
Check ($\sqrt{\ }$) the appropriate box(es) for the schedule(s) you attach to Form 8849. Only attach the schedules on which you are claiming a refund. Claims on Schedules 2, 3, 5, and section 4091(d) claims on Schedule 6 cannot be combined with any other schedules on Form 8849. File each of these schedules with a separate Form 8849.														ing Ies																					
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Schedule 2					Sales by Registered Ultimate Vendors of Undyed Diesel Fuel and Undyed Kerosene															•															
Schedule 3					G	Gasohol Blending																													
S	4	Sales by Gasoline Wholesale Distributors																																	
Schedule 5					Section 4081(e) Claims																														
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